

(3) *Fatal Cases*.—One case of this kind was observed. The symptoms were similar to those of the previous group. The patient went into collapse soon after the injection and died on the third day. The autopsy showed acute parenchymatous nephritis and oedema of the meninges. The kidneys were filled with hæmoglobin.

Undoubtedly, the iodoform produced or augmented some of the symptoms in the severe cases, but they are not to be looked upon as cases of iodoform-poisoning, as the kidneys were the organs most affected, and iodoform produces no kidney lesion, moreover iodine could not be detected in the urine in some of the mild cases, and when it was present it usually appeared some time after the hæmoglobinuria.

It is not improbable that the acute nephritis caused by the glycerin prevents the excretion of the iodoform and thus augments its toxic effects.

The conclusions reached are as follows:

(1) The danger of glycerin-poisoning increases with the quantity of the drug, the tissue, and pressure. Children are poisoned by relatively smaller quantities than adults.

(2) A dose of ten cubic centimetres in children and twenty cubic centimetres in adults is almost always well borne.

(3) Poisoning is easily produced by parenchymatous injections.

(4) In cold abscesses with a pyogenic membrane three or four times as much can be injected as is permissible in other parts.

(5) Fresh wounds and large joints are especially liable to absorb the drug.

It has been proposed to give up the use of glycerin, substituting olive oil for it, but the therapeutic effect of that mixture has been found much inferior to iodoform and glycerin.—*Archives für klinische Chirurgie*, Band XLIX, Heft 2.

II. Traumatic Origin of Tumors. By Dr. CARL LOWENTHAL (Munich). The author has gone over the literature of this subject and has collected reports of 800 tumors which show traumatic

origin ; 750 had already been published and 50 new cases are added. A short history of each case is given and numerous tables and analyses are made.

The kinds and locations of the tumors may be seen from the following table :

Kind of Tumor.	Number of Individuals.	Head.	Face.	Neck.	Breast.	Back.	Abdomen.	Urinary Organs.	Genital Organs.	Pelvis and Lumbar Region.	Upper Extremity.	Lower Extremity.	Multiple Tumors.
Carcinoma	358	16	103	1	152	2	8	15	17	.	18	26	.
Adenoma	10	.	.	.	9	.	1	.	.	.	.	.	.
Fibroma	21	3	2	1	3	2	2	.	.	.	4	4	.
Lipoma	16	5	1	1	.	1	.	.	.	.	6	2	.
Myxoma	8	3	.	.	.	.	1	.	1	.	.	3	.
Chondroma	27	.	.	.	4	.	.	.	2	2	9	10	.
Osteoma	18	1	2	.	.	.	.	.	.	1	3	11	.
Angioma	5	.	2	.	.	.	.	.	.	.	2	1	.
Myoma	2	.	.	.	.	.	.	1	1	.	.	.	.
Glioma	11	11	.	.	.	.	.	.	.	.	.	.	.
Neuroma	8	.	.	.	.	.	.	.	.	.	6	2	.
Sarcoma	316	54	24	9	30	7	8	4	21	12	42	103	2
Total	800	93	134	12	198	12	20	20	42	15	90	162	2

While carcinomata are more often produced by chronic irritation than by sudden injury, still, cases of the later class are by no means rare. Among 934 cases of carcinoma of the breast reported by various authors 125 or 134 per cent. gave a history of traumatic origin.

After excluding all doubtful cases the well-authenticated cases showing traumatic origin may be divided into two classes : those in which a wound does not heal, but takes on cancerous ulceration, or after healing the scar forms a cancer ; and those in which a cancer develops at the exact site of an injury which left no wound.

Of the 316 cases of sarcoma reported 216 were in the male, 97 in the female, the differences in the two sexes is due to the fact that the male is more exposed to injury.

The length of time between the injury and the appearance of the

tumor varies from a few days to forty-nine years. In a number of cases old scars have developed into sarcomata many years after the original injury. Among 190 cases 135 developed within a month after the injury, 33 inside of a year, and 22 after a year.

From this great quantity of material the author thinks there can be no doubt that a trauma can give rise to a tumor, malignant, or otherwise, either by stimulating misplaced embryonal tissue to more active growth, according to the theory of Cohnheim, or by so changing the nutrition of normal tissue that it takes on a pathological growth.—*Archives für klinische Chirurgie*, Band XLIX, Hefte 1 and 2.

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HEAD AND NECK.

I. A Method of Cheiloplasty by Borrowing from the Healthy Lip. By Dr. LARGER (Paris). The author, for the purpose of supplying the defect left after the removal of an epithelioma involving the left two-thirds of the lower lip, devised the following method :

He split the diseased lip vertically on either side of the growth, the incision to the left beginning at the commissure, that of the right from the point of union of the left three-fourths with the right fourth of the lower lip. These two perpendicular incisions were connected by a horizontal incision at the level of the labio-mental furrow. To fill the gap caused by the removal of the portion thus cut out, he procured a flap from the upper lip by an incision which, starting from a point at the junction of the left third with the right two-thirds of the upper lip, extended towards the border of the left wing of the nose, involving the whole thickness of the lip, up to and including the cul-de-sac of the buccal mucous membrane. This incision, starting from its upper extremity, was then directed outward and downward, parallel to the naso-labial groove, to a point on the cheek a little below the level of the left labial commissure.

The flap thus formed has a free blood-supply and falls naturally, without appreciable twist, into the gap in the lower lip. Owing to the elasticity of the tissues of the lip and the freedom of the